



Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType														
1	N	2	5	3	T N 0 0 7 4 0 2 1	11 12	1	2	1	0	1	2	17	18	C	19	S	20	1	
Remarks																				
21																				
Inspection Work Days Facility Self-Monitoring Evaluation BI QA Reserved																				
67 69 70 4 71 72 73 74 75																				

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)		Entry Time / Date	Permit Effective Date
Bedford County Utility District		11:15/1/6/2012	8/1/2010
219 Wheel Road		Exit Time / Date	Permit Expiration Date
Shelbyville, TN 37262		12:15/1/6/2012	6/30/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)		Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Mr. Clay Hill Plant Mgr. 931-294-5117			
Name, Address of Responsible Official / Title / Phone and Fax Number			
Mr. Marty Davis Manager 931-684-1887			
Bedford County Utility District			
P.O. Box 2755			
Shelbyville, TN 37126			
Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-monitoring Program	<input type="checkbox"/> Pretreatment Program	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records / Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operation & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	See attached letter.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name (s) and Signature(s) of Inspector(s) Gary Horne ES-3	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Columbia Environmental Field Office 931 490 3940 / 931 380-3397 (FAX)	Date 1/13/2012
Signature of Management QA Reviewer Ryan Owens EFOM	Agency / Office / Phone and Fax Numbers Tennessee Division of Water Pollution Control Columbia Environmental Field Office 931 490 3941 / 931 380-3397 (FAX)	Date 1/13/2012